



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
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Voice/TTY (802) 241-2345  
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April 23, 2010.

Rita Laferriere, Administrator  
Caledonia Home Health Care  
161 Sherman Drive  
Saint Johnsbury, VT 05819

Provider ID #: 471502

Dear Ms. Laferriere:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 24, 2010**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne E. Leavitt RN, MS".

Suzanne Leavitt, RN, MS  
Licensing Chief

Enclosure

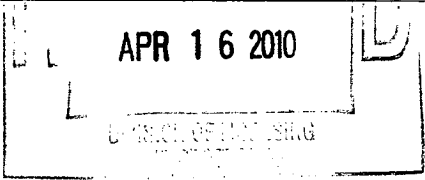


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>471502</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/24/2010</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CALEDONIA HOME HEALTH CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>161 SHERMAN DRIVE SAINT JOHNSBURY, VT 05819</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
L 000	INITIAL COMMENTS	L 000		
L 523	<p>418.54(b) TIMEFRAME FOR COMPLETION OF ASSESSMENT</p> <p>The hospice interdisciplinary group, in consultation with the individual's attending physician (if any), must complete the comprehensive assessment no later than 5 calendar days after the election of hospice care in accordance with §418.24.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the hospice failed to complete the comprehensive assessment within 5 days after election of services. (Client #1) Findings include:</p> <p>Per record review on 3/23/10 Client #1 signed the election of hospice care on 3/16/10. The first Interdisciplinary Group (IDG) involvement was not completed until 3/23/10, 7 days after the election of services. Per interview on 3/24/10 at 3:45 p.m. the Hospice Director confirmed that the comprehensive assessment in conjunction with the IDG was not completed within 5 days.</p>	L523	<p>Developed a written process that once initial assessment is completed by clinician within 48 hours of election that IDG will complete comprehensive assessment, no later than 5 calendar days after election. This may require up to 2 IDG meetings weekly and documentation of the completion of the comprehensive assessment will be entered into the electronic record. All hospice clinical records will be audited for 180 days to insure compliance by Hospice Clinical Manager. All staff will be provided written policy (see attached).</p> <p><i>Doc Accepted 4/22/10</i> <i>Sharon J. Emmons, RN</i></p>	4/15/2010
L558	<p>418.56(e)(5) COORDINATION OF SERVICES</p> <p>[The hospice must develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures to-]</p> <p>(5) provide for an ongoing sharing of information with other non-hospice healthcare providers furnishing services unrelated to the terminal illness and related conditions.</p>	L558	<p>Previously, hospice consults were done on paper, but after consulting with software vendor, hospice consults/coordination of care for situations such as Client #2 will now be entered into electronic clinical record with a pre-admit status. All pre-admits are reviewed weekly for coordination of care by the Hospice clinical manager. This coordination of care will include sharing of information with other health care providers as necessary. Call logs:</p>	4/16/2010

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Rita Lapierre RN, MS Administrator</i>	TITLE <i>Administrator</i>	(X6) DATE <i>4/13/10</i>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/02/2010  
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NAME OF PROVIDER OR SUPPLIER  CALEDONIA HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 161 SHERMAN DRIVE SAINT JOHNSBURY, VT 05819
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L 558	Continued from page 1  This STANDARD is not met as evidenced by: Based on record review and interview the Hospice failed to share information with other health care providers for 1 applicable client. (Client #2) Findings include:  1. Per record review on 3/23/10 for Client #2, there is no information regarding coordination of care and services for a period of 2 months. Per review of the clinical record, an original referral was sent by the primary physician on 3/9/09. The client was contacted 4/15/09 with a note stating "will call the first week of May". The client was not contacted nor assessed until 6/24/09. Per interview with the Hospice Director on 3/24/10 at 3:45 p.m. confirmed "something slipped through the cracks" and that there was no documentation that other providers were alerted or notified regarding the delay of care and services.	L 558	can be entered as to status of client needs. Staff education re: process and updating physician re: status of referral/consult will be scheduled.  <i>Accepted POC Susan J. Emmons RN 4/22/10</i>	
L 620	418.76(d) IN-SERVICE TRAINING  A hospice aide must receive at least 12 hours of in-service training during each 12-month period. In-service training may occur while an aide is furnishing care to a patient.  This STANDARD is not met as evidenced by: Based on record review and interview, Hospice aides did not receive 12 hours of in-service training during each 12-month period. Findings include:  Based on review of Hospice Aide in-service hours (12 hour annual) 3 of 5 personnel records reviewed had documented hours of non-hospice related work or skill items tallied as part of the in-service hours. Per interview on 3/24/10 at 4:15 p.m. the Hospice Director confirmed that some of the hours were non-specific to Hospice Aides.	L 620	In-service training is offered to all Hospice Aides on a calendar year basis. Hospice training will be identified on a training calendar specific for Hospice employee training records. Training records will be maintained specific to Hospice. Quarterly audits will be completed by the Education Coordinator for achievement of required hospice educational hours.  <i>Accepted POC 4/22/10 Susan J. Emmons RN</i>	4/13/2010

**Policy and Procedure: Policy and Procedure Specific to Development of Comprehensive Assessment**

**Drafted:** *Policy and Procedure Committee*

**Revised/Reviewed:** *April 2010*

**Approved By:**

**Policy:**

In order to identify the client/family's physical, psychosocial, emotional and spiritual needs, the hospice interdisciplinary group, in consultation with the individual's attending physician (if any), will complete the comprehensive assessment no later than 5 calendar days after the election of hospice care.

**Responsible Personnel:** Hospice Interdisciplinary Group and client's attending physician (if any)

**Procedure:**

1. Admitting clinician will complete the Initial Assessment within 48 hours after election of hospice care.
2. Hospice Interdisciplinary Group members and client's attending physician (if any) will be involved in the completion of the comprehensive assessment . Involvement in the comprehensive assessment will be evident in the clinical record through telephone conferences, fax and/or through more frequent Interdisciplinary Team Meetings (based on need)